

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039352

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson CityLength of stay in 1b
1-Wk.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Phelpsc. CITY
OR
TOWN Rolla MissouriInside Limits
Yes ☐ No ☒d. STREET
ADDRESS
Route # 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Alice

Middle

Maude

Last

Palmer

4. DATE
OF
DEATH

Month

Day

Year

October 28, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-30-1904 59

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Interior Decorator10b. KIND OF BUSINESS OR INDUSTRY
Retail11. BIRTHPLACE (City and state or country)
Muskogee, Okla.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Herbert Dacus

13b. MOTHER'S MAIDEN NAME

Maude Ann Blessing

14. NAME OF HUSBAND OR WIFE

Charles L. Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Charles L. Palmer, Rolla, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia and Septicemia

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Peritonitis, Intestinal

12 days

DUE TO (c)

Obstruction & Perforation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Strangulated Incisional Hernia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 21-1963 to Oct 28-63 and last saw her alive on Oct. 28-1963
Death occurred at 3:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Oct. 30, 1964

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Gardens Rolla Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Null & Son, Rolla, Missouri

25. DATE RECD. BY LOCAL REG.

30 October 1963

REGISTRAR'S SIGNATURE

Marina K. Richter

STANDARD-1000

8961 9

NOV

8961 9

NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gilbert N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.